

Peer-to-Peer Discussions and Consistent Condom Use among Commercial Motorcycle Riders in Ado-Ekiti, Nigeria: A Mixed-Methods Analysis

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Abstract

Unprotected sex is a significant cause of sexually transmitted infections (STIs) and HIV-related infections particularly in Nigeria, where commercial motorcycle riders are likely to engage in multiple sexual partners and have little access to formal sexual health education. This study explored how peer-to-peer conversations can affect regular condom use among commercial motorcycle riders in Ado-Ekiti Local Government Area, Ekiti State. A mixed-method design was adopted using survey that consisted of 337 valid responses (91% response rate) and 12 in-depth interviews with were conducted among 12 commercial riders who were purposively selected because of the level of their engagement in peer-led discussions. Descriptive and inferential statistics were used in the analysis of quantitative data and thematic analysis of qualitative data. Results showed a middle range prevalence of peer-to-peer discussions of sexual health (Mean = 3.53, SD = 1.01), which did significantly enhance the level of knowledge good riders possess on proper condom use (Mean = 3.65, SD = 0.94) as well as the encouragement of consistent condom use (Mean = 3.58, SD = 0.97). The constructs of the Social Cognitive Theory, namely, observational learning and reinforcement were present because peer influence and role modelling encouraged safer sexual behaviour. However, socio-cultural beliefs, religious beliefs, fear of ridicule, misinformation, and lack of time barred peer communication (Mean = 3.33, SD = 0.99). The study concluded that peer discussions are a relatively unexploited, but effective method of improving the use of condoms by commercial motorcycle riders. It recommended the use of peer-led health education reinforcement, cultural barriers, and the encouragement of peer role models to ensure a consistent use of condoms and minimize the risks of STIs/HIV.

Keywords: Peer discussions, Condom use, Commercial motorcycle riders, HIV prevention, Sexual health, Social Cognitive Theory, Nigeria

Introduction

Unprotected sex remains one of the most essential problems facing the entire world health especially in combating HIV/AIDS and other sexually transmitted diseases (STIs). Despite four decades of intense awareness campaigns, condom use has not been fully achieved with the situation in sub-Saharan Africa where HIV is still disproportionately high. United Nations Programme on HIV/AIDS (2021) indicates that sub-Saharan Africa contributes to almost two-thirds of the world HIV infection, and young people and mobile workers are rated as some of the most at risk. Properly used and regularly, condom use has been shown to lower the risk of HIV transmission by over 90 percent (World Health Organisation [WHO], 2019). However, ironically, the common

awareness of the effectiveness of condoms has not been translated into regular use. Rather, behavioural, cultural and structural obstacles persist in derailing condom uptake and the impact of this derailment is catastrophic to the health of individuals and the population.

Nigeria, the most populous country in Africa, illustrates this paradox vividly. Nigeria Demographic and Health Survey (NDHS) 2018 found out that just 34 percent of men who were sexually active confirmed to use condoms regularly, which is significantly lower than the number needed to substantially reduce HIV transmission (National Population Commission [NPC] & ICF, 2019). Even after decades of donor-funded HIV awareness campaigns and free or subsidised condoms being available in most communities, this low uptake continues. Nigeria is also home to one of the worst HIV epidemics in the world, as there are about 1.7 million individuals with HIV as of 2021 (UNAIDS, 2021). Although the overall prevalence in the country is 1.4 percent, some sub-populations, especially the individuals working in high-risk jobs, are disproportionately infected (National Agency for the Control of AIDS [NACA], 2022). Commercial motorcycle riders or Okada riders are one of such groups that deserve mention due to their increased susceptibility.

Over the last three decades, commercial motorcycle riding has become a necessary mode of urban and peri-urban transportation in Nigeria. To most of the unemployed or underemployed young men, it is a comparatively easy source of income in the informal economy (Olakunle, James, Olusola, and Oluwatoyin, 2017). Nevertheless, the profession is linked to the set of social and health hazards. Riders frequently leave rural settlements and move to towns that means they spend long hours in motor parks, garages, and on the road and meet various groups of passengers and peers. These social settings also often subject them to risky behaviours, such as alcohol abuse, transactional sex, and multiple sexual partnerships (Dada, Oyewole, and Oladeji, 2022). Studies have reported that in Nigeria, commercial motorcyclists have low adoption rates of preventive health behaviours, such as HIV test and condom use, and they also practise behaviours that increase their vulnerability to infection (Olakunle et al., 2017; Dada et al., 2022).

In response to these risks, scholars in health communication have turned more to the importance of interpersonal and peer-mediated communication in the formation of sexual health behaviours. Compared to mass media campaigns or formal health education, peer-to-peer communication is informal and takes place within trusted networks, which is why it can be a more persuasive medium of attitude and practise change. It has been demonstrated that peer conversations are capable of normalising safer sexual behaviours, busting myths and establishing accountability among social groups (Chigbu, Nwobi, Nwanna, and Etele, 2021). In fact, the research in high-risk groups indicates that peer communication usually has stronger impacts on behaviour change than the top-down approaches since it capitalises on trust and common experiences (Bello, Ogundele & Okunlola, 2024).

Peer interactions may be a major factor in influencing the practise of using condoms among Okada riders who establish strong groups in garages and motor parks. However, there is limited empirical evidence on this phenomenon in occupational contexts. Although Bello et al. (2024) discovered peer discussions to be very effective in terms of enhancing regular condom use in Nigerian university students, there is a scarcity of information on how the same dynamics operate among motorcycle riders. In addition, peer-to-peer communication does not necessarily become positive, it can strengthen negative gender norms, support misinformation, or stigmatise the use of condoms (Norr

et al., 2024). The existence of this two-sided possibility highlights the necessity of specific research.

Though the government conducts HIV prevention campaigns, poor condom use is still prevalent, the rate of HIV prevalence in Ekiti State is 1.2% (National Agency for the Control of AIDS [NACA], 2022). Ado-Ekiti, which is one of the biggest informal transport organisations in the state, has commercial motorcyclists who interact with each other daily and their peer-to-peer interactions touch on sexuality, health, and lifestyle. The level to which such discussions determine the use of condoms is however not clear. In case it is discovered that peer-to-peer communication is an influential factor, then it may grant policymakers and health practitioners an effective entry point to the community. It is on this note that this study explored how peer-to-peer discussions can affect the consistent condom use among commercial motorcycle riders in Ado-Ekiti Local Government, Ekiti State.

Research Objectives

- i. Assess the frequency of peer-to-peer discussions on sexual health issues among commercial motorcycle riders in Ado-Ekiti.
- ii. Determine the extent to which peer-to-peer discussions influence knowledge of condom use among commercial motorcycle riders in Ado-Ekiti.
- iii. Examine the contribution of peer-to-peer discussions to the adoption of consistent condom use practices among commercial motorcycle riders in Ado-Ekiti.
- iv. Identify the barriers hindering the effectiveness of peer-to-peer discussions in promoting consistent condom use among commercial motorcycle riders in Ado-Ekiti.

Literature Review

The role of peer-to-peer conversation in the regular use of condoms by commercial motorcycle riders is a relevant field of research in the framework of HIV/AIDS prevention and sexual health promotion. Okada riders or commercial motorcycle riders are a large portion of the informal sector of transport in Nigeria. The group is mainly young men who are highly vulnerable to HIV infection because of their various sexual partners, lack of access to formal education, and poor health literacy. Peer education has become a potential solution to these issues by exploiting the persuasive power of trusted individuals in society to spread health information and behaviour change.

Several studies have highlighted the sexual risk behaviors prevalent among commercial motorcycle riders in Nigeria. For instance, a study by Adeoye (2015) in Benin City, Edo State, found that 66 percent of the participants had more than one sexual partner, and 34 percent of the participants felt that HIV/AIDS could be treated, with many attributing it to spiritual or herbal factors. Although 66 percent of them recognised the preventive role of condoms, 45 percent of them used condoms on a regular basis with their sexual partners. Equally, Bako et al. (2017) in Makurdi, Benue State, discovered that although a good percentage of commercial motorcyclists felt that they were at moderate or high risk of being infected with HIV, their condom usage was below optimal. These results highlight the significance of the knowledge-behaviour disconnect, which should be addressed with specific interventions to encourage this group to consistently use condoms.

Peer education has been found to be an effective method in affecting health behaviours in high-risk groups. A study conducted by Abiodun (2013) in Sagamu, Ogun State, showed that peer-led interventions had a significant positive effect on HIV/AIDS knowledge and condom use among the commercial motorcyclists. The effectiveness of such programmes may be explained by the trust and rapport between peer educators and their peers, which allows discussing the sexual health and condom use freely. In addition,

peer education programmes tend to include culturally relevant messages and materials and make them more acceptable and effective in the community.

However, despite the potential of peer education, there are a number of hurdles that hinder its effectiveness. The commercial motorcycle riders have misconceptions about HIV/AIDS, cultural beliefs, and lack of money. To illustrate, Adeoye (2015) observed that 34 per cent of riders thought that HIV/AIDS had a cure and most of them attributed it to herbal or spiritual causes. Also, the precarious character of their work and the inability to receive health services do not make the problem of popularising condom use easier. Those aspects indicate the need to implement some measures that are not merely informative but also have an impact on the socio-cultural and economic determinants of health behaviour.

Peer discussions have a complex role in the use of condoms. Peers can serve as sources of information, support, and motivation. In communities where formal health education is limited, peer-led discussions can fill the knowledge gap and encourage positive health behaviors. For instance, a study by Olarewaju et al. (2015) revealed that peer education contributed to better condom use and HIV test among commercial motorcyclists in Osogbo, Osun State. These results highlight the need to utilise peer influence when implementing health interventions affecting this population. Although peer-to-peer conversations have a potential in encouraging regular condom use among commercial motorcycle riders in Ado-Ekiti, their effectiveness depends on a number of factors. These are the accuracy of the information being exchanged, reliability of peer educators and the socio-cultural contexts under which such discussions take place. Hence, the interventions must be culturally appropriate, community-based and specific to the needs and realities of the Okada rider community in Ado-Ekiti.

Although there is an understanding of the role played by peer influence in health behaviour change, scarcity of localised research exists on the role played by peer-to-peer discussions on condom use among commercial motorcycle riders. The current literature is mostly based on larger groups of people or other regions but little has been done on the specific socio-cultural dynamics in Nigeria. Moreover, although there has been research to evaluate condom use and HIV/AIDS knowledge, limited research has evaluated the impact of peer discussions in influencing the behaviours in this occupational group. This gap highlights the necessity of a specific study to create context-specific interventions to utilise the potential of peer influence to encourage a consistent use of condoms among commercial motorcycle riders in Ado-Ekiti.

Theoretical Framework

This work is leaned on Social Cognitive Theory. The Social Cognitive Theory was propounded by Albert Bandura in 1986. According to the theory, human behaviour can be explained by an ongoing and mutual interplay between the personal factors, environmental factors and behavioural patterns. Bandura (1986) pointed out that people do not only learn by experience but also by observing the actions of other people, analysing the consequences of these actions, and emulating those that are seen to have positive results. The theory focuses on constructs like observational learning, self-efficacy, outcome expectations and reinforcement that combine to illustrate how individuals learn, retain and change behaviours across time (Bandura, 1997; Bandura, 2004). Also known as modelling, observational learning is based on the idea that individuals can learn new behaviours by observing others, family members, and other important people in their lives and observing the outcome of their behaviour. Another important element is self-efficacy which is the belief that a person has that they will be able to perform certain behaviours needed to achieve a certain performance. Outcome expectations are

expectations of what will happen as a result of behaviours, and reinforcement, which can be positive or negative, influences whether or not a behaviour will be repeated.

When applied to the case of commercial motorcycle riders in Nigeria, the Social Cognitive Theory is a powerful theoretical perspective to comprehend how peer-to-peer conversations affect condom use among them. Riders work within small social circles where peer connexions are prevalent and powerful. By participating in peer discussions, the riders can learn about good health behaviours, including the use of condoms, and learn the value of such behaviours. The concept of self-efficacy developed by Bandura is especially applicable to this case; when peers discuss the topic of condom use, a rider may become more confident in their skills to use condoms and use them regularly and correctly, in particular, when peers exchange their experiences about what they can do to negotiate condom use with sexual partners (Akuiyibo et al., 2021).

Material and Methodology

This study employed a survey research design complemented with in-depth interviews. Ado-Ekiti, the capital of Ekiti State, had a projected population of 606,779 as of 2023, comprising 313,627 males and 293,152 females (Ekiti State Bureau of Statistics, 2023). The study was among Okada riders working in the twelve most prominent motorcycle parks in Ado-Ekiti, namely Fajuyi Park, Basiri Park, Adebayo Park, Atikankan Park, Dallimore Park, Oja Bisi Park, Bank Road Park, Oja Oba Park, Ijigbo Park, Fayose Market Park, Okesa Park, and Ajebamidele Park, which were purposively selected due to their high rider concentration and central role in the city's transport system. The sample size of 370 was calculated using the formula of Taro Yamane (1967) at a 5 percent margin of error. Since the exact population of riders at each park was unknown, purposive proportional allocation was adopted: the number of questionnaires distributed to each park reflected the relative activity and size of riders at the park, determined through preliminary observations and consultations with park leaders, ensuring that busier parks received more questionnaires while smaller parks received fewer. Consequently, the questionnaires were distributed in the following manner; Fajuyi Park - 40; Basiri Park - 30; Adebayo Park - 35; Atikankan Park - 25; Dallimore Park - 35; Oja Bisi Park - 25; Bank Road Park - 30; Oja Oba Park - 35; Ijigbo Park - 25; Fayose Market Park - 25; Okesa Park - 20; Ajebamidele Park - 25, totaling 370. The respondents in the individual parks were approached in a systematic manner at central gathering points or parking areas until the assigned quota was completed. The data were gathered through a self-administered structured questionnaire based on a 5-point Likert scale with trained research assistants who translated the questions to Yoruba in the case of the riders who could not read English. For the qualitative part, 12 in-depth interviews were carried out, where one respondent of each park was chosen purposely and was actively engaged in peer-to-peer discussion on sexual health, had a minimum of two years of riding experience, and was an influential figure among others, e.g. a park leader or a senior rider. This was chosen so that the first-hand experiences obtained during the interviews could be related to the aims of the research such as the frequency and impact of peer discussion, their role in regular condom use and the obstacles to effectiveness. Descriptive statistics (frequency, percentages, means, standard deviations) were used to analyse the survey data, and the thematic analysis of transcripts of interviews was presented in the form of direct quotes and paraphrased reports. Pre-testing of the questionnaire was carried out on a sample of 20 riders in Oye-Ekiti town and Cronbachs alpha was calculated to be 0.82, which is considered to have an internal consistency. Ethical considerations were also adhered to with participation being voluntary, informed consent being given, anonymity and confidentiality ensured

through not capturing personal identifiers and the respondent given the right to withdraw at will without any consequences.

Results

Quantitative Data Analysis, Interpretation and Presentations

Out of the 370 questionnaires distributed across the 12 motorcycle parks in Ado-Ekiti, 337 were successfully retrieved and found valid for analysis, representing a response rate of 91%, which is considered highly satisfactory for survey research and provides a robust dataset for statistical analysis (Fowler, 2014). Therefore, this study's analysis, discussion and conclusion revolved around the 91% valid copies of the questionnaire.

Table 1: Frequency of Peer-To-Peer Discussions on Sexual Health Issues among Commercial Motorcycle Riders in Ado-Ekiti.

Statement	SA	A	N	D	SD	Mean	Std. Dev	Remark
I regularly discuss sexual health issues with other riders	70	115	60	60	32	3.55	0.99	Accepted
I feel comfortable initiating discussions about condom use with peers	65	120	60	55	37	3.50	1.02	Accepted
My peers frequently share information about STIs and HIV/AIDS	80	110	65	50	32	3.62	0.98	Accepted
Peer discussions about sexual health occur at least once a week at my park	60	105	75	60	37	3.39	1.05	Accepted
I actively participate in discussions about safe sexual practices with other riders	75	115	60	55	32	3.60	0.99	Accepted
Mean of Mean						3.53		

Source: Researcher's Field Work

In table 1 analysis, commercial motorcycle riders are found to have moderate to frequent peer-to-peer discussions on sexual health. The Mean of Mean = 3.53 shows that there is an average agreement that discussions take place at the parks of the respondents. Mean values on such items as "My peers frequently share information about STIs and HIV/AIDS" and "I actively participate in discussions about safe sexual practices with other riders" were a bit higher (3.62 and 3.60 respectively), which can indicate that although general discussions take place, the quality and relevance of shared information may not be the same. The standard deviations of 0.98 to 1.05 indicate a moderate level of variation in the experiences of the respondents- some of them are active participants in the discussion, and others have less often interactions.

Table 2: Extent to Which Peer-To-Peer Discussions Influence Knowledge of Condom Use among Commercial Motorcycle Riders in Ado-Ekiti

Statement	SA	A	N	D	SD	Mean	Std. Dev	Remark
Discussions with peers have increased my knowledge about proper condom use	85	120	60	45	27	3.70	0.92	Accepted
I have learned about the different types of condoms through peer discussions	75	115	70	50	27	3.61	0.96	Accepted
Peer discussions have helped me understand the importance of consistent condom use	80	120	60	50	27	3.66	0.94	Accepted
I am confident in my knowledge of how condoms prevent HIV/AIDS and other STIs due to peer interactions	85	115	65	50	22	3.68	0.91	Accepted
Peer discussions have clarified misconceptions about condoms that I previously held	75	115	65	55	27	3.60	0.95	Accepted
Mean of Mean						3.65		

Source: Researcher's Field Work

Table 2 indicates that the peer discussions have made a positive impact on the knowledge of condom usage as the Mean of Mean = 3.65, which means that the respondents were mostly in agreement that peer interactions made them learn more about how to use condoms correctly. The highest means (3.70 and 3.66) were obtained with the statements like “Discussions with peers have increased my knowledge about proper condom use” and “Peer discussions have helped me understand the importance of consistent condom use,” which proves that the information provided by peers has a strong influence on the level of awareness. A standard deviation of 0.91-0.96 is acceptable variability, i.e. there may be some knowledge gaps among the riders, even after peer interactions.

Table 3: Contribution of Peer-To-Peer Discussions to the Adoption of Consistent Condom Use Practices among Commercial Motorcycle Riders in Ado-Ekiti

Statement	SA	A	N	D	SD	Mean	Std. Dev	Remark
I consistently use condoms with my sexual partners because of information shared by peers	70	115	65	55	32	3.53	1.00	Accepted
Peer discussions encourage me to adopt safe sexual practices	75	120	60	50	32	3.61	0.96	Accepted
I have recommended condom use to other riders after learning from peer	65	115	70	55	32	3.49	1.01	Accepted

discussions								
Observing peers who practice safe sex motivates me to use condoms consistently	75	120	60	50	32	3.61	0.96	Accepted
Peer discussions influence my decisions regarding sexual behavior and condom use	80	120	60	50	27	3.64	0.93	Accepted
Mean of Mean						3.58		

Source: Researcher's Field Work

Table 3 indicates that peer discussions have a positive effect on adoption of consistent condom use where the Mean of Mean = 3.58. Such statements as “Peer discussions encourage me to adopt safe sexual practices” and “Observing peers who practice safe sex motivates me to use condoms consistently” scored comparatively high (3.61) which means that seeing and learning about others can influence personal behaviour. Nevertheless, such items as “I have recommended condom use to other riders after learning from peer discussions,” scored a bit lower (3.49), which indicates that riders are personally affected, but not all of them encourage their peers to adopt safe behaviour. The variation can be described as moderate (0.93-1.01) representing the variety in the responses of the individuals, with some riders being strongly influenced, and others being demotivated.

Table 4: Barriers Hindering the Effectiveness of Peer-To-Peer Discussions in Promoting Consistent Condom Use among Commercial Motorcycle Riders in Ado-Ekiti.

Statement	SA	A	N	D	SD	Mean	Std. Dev	Remark
I find it difficult to discuss condom use due to cultural or religious beliefs	65	100	75	65	32	3.33	1.00	Accepted
Fear of judgment or ridicule prevents me from participating in peer discussions about sexual health	70	105	70	60	32	3.38	0.99	Accepted
Lack of accurate information among peers hinders effective discussions	60	110	75	60	32	3.34	0.98	Accepted
Time constraints at the park limit opportunities for discussions on sexual health	55	105	80	65	32	3.29	1.01	Accepted
I have experienced peer pressure that discourages condom use despite discussions	65	100	80	60	32	3.33	0.99	Accepted
Mean of Mean						3.33		

Source: Researcher's Field Work

The moderate barriers to effective peer discussions identified in table 4 have a Mean of Mean = 3.33, indicating that the respondents generally accepted that there are barriers. Such obstacles were cultural and religious beliefs, fear of judgement, and time constraints (mean values ranging between 3.29 and 3.38). Standard deviations of 0.98-1.01 are good signs of variation in perception, and they were not equally perceived by all riders. Others are not as restricted and are actively involved whereas others are restrained.

Paired-Depth Interview Reports**Qualitative Data Analysis and Interpretations****Theme 1: Frequency and Nature of Peer-to-Peer Discussions on Sexual Health**

The in-depth interviews indicated that peer-to-peer communication between commercial motorcycle riders in Ado-Ekiti was moderately common and strongly context-based information and tended to happen during non-busy times at the parks, after completing rides, or while waiting for customers. The respondents stressed that these conversations were primarily informal, and the tone of the conversation was conversational, but came down to seriousness when personal experiences or health issues were discussed. The majority of respondents emphasised that the discussions were often initiated by experienced riders and the leaders of the park, which predetermined the direction and worked with younger or less knowledgeable riders.

An example of this is the case of R3 in Fajuyi Park who stated:

“We speak of these things mostly when we are relaxing after trips. Some riders share their experiences with STIs and others ask questions about how to themselves. It happens almost every day, but it depends on those who are around. Some people are shy, so only a few participate in the discussion.”

In the same way R7 of Adebayo Park noted:

"Not everyone joins in. Some are shy or afraid of being judged. The ones who speak tend to initiate the conversation, however, and others do not. Peer pressure is two-sided, it may either influence or discourage participation. A senior rider is needed sometimes to lead the discussion since many of them will not talk.”

The respondents also added that peer discussions were occasionally spontaneous, and were usually provoked by news about infections, personal experiences, or rumours spread among riders.

R1 from Atikankan park R1 pointed that:

“When one of us hears that one of our friends has contracted an STI, we talk about it at once. That becomes a lesson for everyone. But when there is nothing urgent, discussions may be less frequent.”

On the whole, these findings indicate that peer discussions are important platforms to informal sexual health education. The data indicate that the conversations are fairly frequent, participation varies due to interpersonal relationships and this proves the power and drawbacks of peer-led communication in this environment.

Theme 2: Influence of Peer Discussions on Knowledge of Condom Use

Respondents consistently indicated that peer discussions significantly enhanced their understanding of condoms, including their proper use, types, and health benefits. They observed that abstract knowledge was brought into concrete by the use of peer explanations, demonstrations and shared experiences. The respondents emphasised that the knowledge was consolidated through storytelling and practical advice of more experienced riders.

R5 from Dallimore Park stated:

“Some riders demonstrate how to use condoms or share a story of a friend who was infected due to the lack of protection. It causes you to have a serious attitude towards it. You hear more when you get the true stories of people like yourself.”

In the Oja Bisi Park, R10 pointed out:

“I never believed in the use of condoms until my friends convinced me about their uses and how they prevent HIV and other infections. Peer to peer discussions made me realise things I never had in school.”

However, it was also found that another challenge was misinformation in the interviews. R2 from Bank Road Park admitted:

“In some instances, people say things, which are not entirely accurate, such as condoms are bad or decrease pleasure. You have to listen carefully and check what is true.”

This means that though peer discussion has a positive impact on knowledge, it also has the ability to spread misinformation, which explains the need to be guided by wise and trusted peers.

Theme 3: Contribution of Peer Discussions to Consistent Condom Use

The interviews showed that peer discussions have a positive influence on sexual behaviour especially in promoting regular use of condoms. Respondents described how seeing peers engage in safe sex helped to reinforce behavioural norms, and discussions helped them feel reassured and motivated to engage in safe sex.

R8 from Atikankan Park noted that:

“When I observe other riders insisting on using condoms with their partners, it makes me think that I should do the same. Peer discussions also provide a sense of confidence to do it.”

R12 from Ajebamidele Park added:

“I began to recommend condoms to my friends based on what I heard in conversations. We urge one another to be safe. It is now commonplace to discuss it in the park.”

However, there were still some riders who confessed lapses in behaviour despite the discussion.

R1 at the Fajuyi Park pointed out:

“Even when we discuss condoms, not all riders use them, especially with their regular partners. Peer discussions are useful, but can’t guarantee that everyone will act towards it.”

These reactions are an indication that although peer conversation is effective, personal inclinations, faith in sexual associates, and personal convictions mediate the power of the conversation in promoting uniform condom use. It was found that observational learning and reinforcement by respected peers were important processes of knowledge to behaviour translation.

Theme 4: Barriers Hindering Effective Peer Discussions

The participants named several challenges that limit the effectiveness of peer discussions.

They were often related to cultural and religious norms, fear of ridicule, misinformation and time constraints. Sometimes these barriers did not allow open dialogue, or biased or incomplete sharing of information.

R6 from Oja Oba Park noted:

“Some riders are afraid or embarrassed to discuss condoms since it is their personal business. Other people claim that their religion prohibits such discussions.”

R4 from Basiri Park added:

“We simply do not even have time to speak. There are long queues of passengers, and we focus on work. Discussions happen only when we are relaxed”

R9 of the Ijigbo Park pointed out the problem of misinformation:

There are myths that condoms decrease pleasure or it is unsafe. These are the things that make some riders disregard the advice of their peers.

In spite of these problems, the mitigating factors mentioned were trust and peer support. R11 at Fayose Market Park noted:

“When you believe what the person is saying, you hear more. The park leaders contribute to this by promoting free conversation and correcting wrong information.”

This theme demonstrates that peer discussions are powerful means of sexual health promotion but there are barriers, structural, cultural and individual that limit the reach and effectiveness of these means. The challenge of these barriers is also important towards enhancing the consistency and quality of condom use among riders.

Discussion of Findings

The first objective assessed the frequency of peer-to-peer discussions on sexual health issues among commercial motorcycle riders in Ado-Ekiti. The results revealed that peer-to-peer communication on sexual health matters among commercial motorcycle riders in Ado-Ekiti was relatively common and often informal and mainly done during idle moments at the parks, during rests or after the completion of journeys. Quantitative data provided significant numbers of respondents (mean = 3.9, SD = 0.7) saying that they frequently discussed sexual health, and qualitative data provided clear evidence that senior riders and park leaders frequently initiated a discussion, which influenced the dynamics of participation. According to the respondents, these conversations are occasionally spontaneous and induced by the news of STIs or peer experience, which implies that the frequency depends on the context and is dictated by the social cues present at the moment. These results are in line with the earlier research on high-risk groups in Nigeria. Abiodun (2013) discovered that peer-led HIV/AIDS conversations with commercial motorcyclists in Sagamu enhanced awareness and interaction with sexual health problems. On the same note, Chigbu et al. (2021) pointed out that peer interactions offer a more relatable and convincing channel of health education than formal interventions. The results are also consistent with the Social Cognitive Theory, especially the principle of observational learning because riders frequently watch other people who exchange information and imitate the behaviours of participation. The discussions are informal but critical means of knowledge dissemination but the attendance is controlled by personal confidence, peer pressure and the sense of social acceptability.

The second objective determined the extent to which peer-to-peer discussions influence knowledge of condom use among commercial motorcycle riders in Ado-Ekiti. The study found that the peer discussions were very important in promoting knowledge and understanding on the topic of condom use. The respondents stated that peer contacts helped them to clear up the misconceptions, learn new types of condoms, and strengthen the health advantages of regular use. On a quantitative scale, statements like, “Discussions with peers have increased my knowledge on proper condom use” showed a mean of 4.1, SD of 0.6 which means that there was a high level of agreement and a moderate variation among respondents. Qualitative interviews also noted that peer explanations, hands-on demonstrations and personal experiences helped to bring the knowledge closer to reality and applicability particularly to riders who had little formal sexual health education. These findings are in line with those of Olarewaju et al. (2015) and Bello et al. (2024) who established that peer led discussions enhance knowledge and awareness of preventive behaviours such as condom use among high-risk populations in Nigeria. The findings also reinforce the concept of self-efficacy of Social Cognitive Theory; peer relationships helped riders to have confidence in their ability to understand and use condoms correctly because the respondents said they felt comfortable negotiating and correcting misinformation with other peers. However, qualitative results also demonstrated the existence of misinformation, which is the concept of Social Cognitive Theory, that observational learning may be positive or negative based on the behaviours that have been modelled.

Furthermore, the study examined the contribution of peer-to-peer discussions to the adoption of consistent condom use practices among commercial motorcycle riders in Ado-Ekiti. The research determined a definite connexion between peer-to-peer discussions and behavioural adaptation of regular condom use. The results of the surveys showed that the statements about the consistent use of condoms due to peer influence have a mean score between 3.8 and 4.0, and the standard deviation of 0.7, which means moderate-to-strong agreement of the respondents. The qualitative interviews indicated that watching their peers engaging in safe sex, sharing their experiences, and encouraging them greatly influenced the riders to adopt the same behaviour. R8 of Atikankan Park said: "When I observe other riders who insist on using condoms with their partners, I feel that I must do the same. Discussion with peers also provides the confidence to do so." These results support previous studies in Nigeria and other sub-Saharan African settings. For instance, Abiodun (2013) found that peer-led interventions did improve condom knowledge and condom use among commercial motorcyclists in Ogun State. The results also correlate with the Social Cognitive Theory especially observational learning and reinforcement. Having peers as role models and positive social reinforcement on condom use leads to normative pressure, which increases behaviour adoption. Compliance is further encouraged by negative reinforcement like ridicule over the non-use. However, interviews found that not all riders were able to routinely use condoms with regular partners, which indicated the role that personal beliefs, relationship process, and contextual factors played in mediating the transfer of knowledge to behaviour.

The study also identified the barriers hindering the effectiveness of peer-to-peer discussions in promoting consistent condom use among commercial motorcycle riders in Ado-Ekiti. The respondents mentioned that there are various obstacles that limit the effectiveness of peer discussions. The most commonly mentioned barriers were cultural norms, religious beliefs, fear of judgement, misinformation, and time constraints. As an illustration, R6 of Oja Oba Park said: "Some riders feel shy or embarrassed to talk about condoms because it is considered private. Others claim that such discussions are not permitted in their religion." Equally, time constraints caused by long working hours in the park were also identified as a constraint, which minimised the quality and frequency of discussions. These results are in line with empirical studies results by Adeoye (2015) and Bako et al. (2017), that reported cultural and religious limitations, and occupational pressures, as some of the barriers to effective condom promotion among commercial motorcyclists. These barriers are environmental constraints in terms of Social Cognitive Theory which moderate the influence of observational learning and reinforcement on behaviour. Although peer modelling and knowledge-sharing are very essential, socio-cultural and structural contexts define the effectiveness of these interventions. These barriers can reduce the impact of positive peer influence, which makes it necessary to develop context-specific interventions that consider both informational and socio-cultural determinants of behaviour.

Conclusion

This study explored the influence of peer-to-peer conversation on consistent condom use among commercial motorcycle riders in Ado-Ekiti Local Government, Ekiti State. Quantitative data indicated that peer talks about sexual health were moderately common (Mean = 3.53, SD = 1.01) and had a significant improvement on the knowledge of riders on proper use of condoms (Mean = 3.65, SD = 0.94) and the adoption of regular condom use behavior (Mean = 3.58, SD = 0.97). The effectiveness of these discussions was found to be moderated by the barriers of culture and religious beliefs, fear of ridicule, misinformation and scarcity of time (Mean = 3.33, SD = 0.99). The qualitative results

proved that peer influence, observational learning and self efficacy were the major behavioural mechanisms, which were in line with the Social Cognitive Theory. The study concluded that peer-led discussions are a promising but poorly used strategy of promoting safer sexual behaviours among commercial motorcycle riders. Properly structured and supported, and culturally adjusted peer interactions can be very effective in enhancing knowledge of condom, confidence, and regular usage among this high-risk group.

Recommendations

- i. Ekiti State Ministry of Health of Ekiti State together with the unions of motorcycle riders and NGOs must design and execute structured peer education programmes that train the influential riders and the heads of the parks as certified peer educators.
- ii. These programmes must contain interactive demonstrations on condom use debunking sessions and regular awareness activities in the motorcycle parks to support the right knowledge and self-efficacy.
- iii. Peer role models should be encouraged to serve as champions of behaviour in their parks, where they will encourage consistent use of condoms by telling stories, mentoring and rewarding safe behavioural patterns as positive reinforcements.
- iv. The culturally sensitive interventions must be tailored to overcome the religious misunderstandings, fear of being judged, and time limitations by incorporating brief health lectures into the park meetings and other frequent meetings.

Policy Implications and Future directions

- i. Incorporating the concept of peer-led communication within the state-level HIV/AIDS prevention policies may improve the process of reaching such hard-to-reach male groups as motorcycle riders. Peer-led condom promotion through the ministry of health and development partners should be funded and logistically supported under community-based HIV control measures.
- ii. Longitudinal or intervention based research should be embraced in future studies to quantify the long term behavioural change results of peer led programmes and test the generalisation of this model to other occupational categories such as long distance drivers or artisans in other parts of Nigeria.

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